

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Fayad et al. Art Unit : 3737
Serial No. : 10/606,665 Examiner : Parikha Solanki Mehta
Filed : June 26, 2003 Confirmation No.:4805
Notice of Allowance Date: January 30, 2008
Title : RAPID MULTISLICE BLACK BLOOD DOUBLE-INVERSION RECOVERY
TECHNIQUE FOR BLOOD VESSEL IMAGING

MAIL STOP ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed January 30, 2008, enclosed is a completed issue fee transmittal form PTOL-85b. The required fee of \$1770 for the issue fee and publication fee, including patent copies is being paid concurrently on the Electronic Filing System (EFS) by way of Deposit Account authorization. Please apply any additional charges or credits to our Deposit Account No. 06-1050, referencing attorney docket number 11006-012001.

Respectfully submitted,

Date:

Vijay Kumar

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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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(CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address))

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/606.665	06/26/2003	Zahi A. Fayad	11006-012001	4805

TITLE OF INVENTION: RAPID MULTISPECTRA BLACK BLOOD DOUBLE-INVERSION RECOVERY TECHNIQUE FOR BLOOD VESSEL IMAGING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	04/30/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
MEHTA, PARIKHA SOLANKI	3737	600-413000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Mount Sinai School of Medicine
Siemens Medical Solutions USA, Inc.

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

New York, New York
Malvern, Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted.

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

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5. Change in Entity Status (from status indicated above)

- ☐ Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature

Paul A. Pysher

Date

March 26, 2008

Typed or printed name

Paul A. Pysher

Registration No. 40,780

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